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CONFIRMATION NO. 5324

Bib Data Sheet

SERIAL NUMBER 10/644,129	FILING DATE 08/20/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. PA-5337-RFB
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APPLICANTS

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**** CONTINUING DATA *******
 This appln claims benefit of 60/404,662 08/20/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 09/17/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met
☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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 9896
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TITLE
 Stent graft with improved proximal end

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)